

Please type a plus sign (+) inside the box

01-02-02

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/26/01
JC872 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|-------------------------|
| Attorney Docket No. | 01393-P0053A |
| First Inventor | Jean-Denis Dubé, et al. |
| Title | Mobile Screening Unit |
| Express Mail Label No. | EL 889 834 889 US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

| | | | | |
|---|---|--|--|---|
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> | | | |
| 2. <input type="checkbox"/> | Applicant claims small entity status See 37 CFR 1.27. | | | |
| 3. <input checked="" type="checkbox"/> | Specification [Total Pages 25] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claims(s) - Abstract of the Disclosure | | | |
| 4. <input checked="" type="checkbox"/> | Drawings(s) (35 USC 113) [Total Sheets 8] | | | |
| 5. Oath or Declaration | [Total Pages 3] <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>a. <input checked="" type="checkbox"/> New executed (original or copy)</td> </tr> <tr> <td>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i></td> </tr> <tr> <td>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</td> </tr> </table> | a. <input checked="" type="checkbox"/> New executed (original or copy) | b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> | i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |
| a. <input checked="" type="checkbox"/> New executed (original or copy) | | | | |
| b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> | | | | |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | | | |
| 6. <input type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 | | | |

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part

of prior application No.:

Prior application information: Examiner Group/Art Unit:

Priority Claimed: CA 2,324,498 October 27, 2000

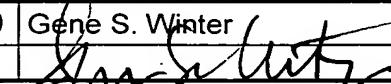
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number of Bar Code Label

24126

 Correspondence address below*(Insert Customer No. or Attach barcode label here.)*

| | | | | | |
|---------|---|-----------|--------------|----------|------------------|
| Name | Gene S. Winter | | | | |
| Address | St. Onge Steward Johnston & Reens LLC 986 Bedford Street | | | | |
| City | Stamford | State | CT | Zip Code | 06905-5619 |
| Country | United States | Telephone | 203 324-6155 | | Fax 203 327-1096 |

| | | | |
|-------------------|---|-----------------------------------|----------|
| Name (Print/Type) | Gene S. Winter | Registration No. (Attorney/Agent) | 28,352 |
| Signature |  | Date | 10/26/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/03/2005
10/26/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

| | |
|----------------------|-------------------------|
| Complete if Known | |
| Application No. | 09/ |
| Filing Date | October 26, 2001 |
| First Named Inventor | Jean-Denis Dubé, et al. |
| Examiner Name | |
| Group Art Unit | |

Attorney Docket Number 01393-P0053A GSW/DWA

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

| | |
|--|--------------------------------------|
| Deposit Account Number | 19-4516 |
| Deposit Account Name | St.Onge Steward Johnston & Reens LLC |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under CFR 1.16 and 1.17 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | |

2. Payment Enclosed:
 Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|-----------------|------------------------|
| 101 | 740 | 201 | Utility filing fee |
| 106 | 330 | 206 | Design filing fee |
| 107 | 510 | 207 | Plant filing fee |
| 108 | 740 | 208 | Reissue filing fee |
| 114 | 160 | 214 | Provisional filing fee |
| SUBTOTAL (1) (\$) | | | 740.00 |

2. EXTRA CLAIMS FEES

| Total Claims | -20**= | Extra Claims | Fee from Below | = | Fee Paid |
|---------------------------|----------------------------|--------------|-----------------|--|-------------------|
| Total Claims | 18 | 0 | X | = | |
| Independent Claims | 3 | -3**= | 0 | X | |
| Multiple Dependent | | 0 | X | = | |
| Larg Entity Fee Code (\$) | Small Entity Fee Code (\$) | | Fee Description | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 | |
| 104 | 280 | 204 | 140 | Multiple dependent claims, if not paid | |
| 109 | 80 | 209 | 40 | ** Reissue independent claims over original patent | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | | -0- | * Reduced by Basic Filing Fee paid | SUBTOTAL (3) (\$) |

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY St.Onge Steward Johnston & Reens LLC Complete (if applicable)

| | | | | | |
|-------------------|----------------|-----------------------------------|--------|------------|--------------|
| Name (Print Type) | Gene S. Winter | Registration No. (Attorney/Agent) | 28,352 | Telephone | 203 324-6155 |
| Signature | | | Date | 10/26/2001 | |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT
01393-P0053A GSW/DWA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | |
|-----------------------|-------------------------|
| Applicants | Jean-Denis Dubé, et al. |
| Serial No. 09/ | October 26, 2001 |
| Title of Application: | Mobile Screening Unit |

Assistant Commissioner for Patents
Washington, DC 20231

Cover Sheet For Eight Sheets Of Drawings

Attorneys for Applicants
Gene S. Winter, Registration No. 28,352
David W. Aldrich, Registration No.
ST.ONGE STEWARD JOHNSTON & REENS LLC
986 Bedford Street
Stamford, CT 06905-5619
203 324-6155

Express Mail Label No. EL 889 834 889 US